Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-24-2010</u>	Address:	3812 W CR 500 N
Case #;	<u>16-</u> 19 <u>915</u>		Rochester, IN 46975
County:	<u>Fulton</u>		Residence on property
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open - No Structure Other;
Items Found: Location (hedroom, ldtchen, open sir, etc) (check all that apply) Lithium/Ammonia Reaction(s): N/A			
Rcd Phosphorous/Iodine Reaction(s): N/A			
☐ Flammable Solvents: kitchen			
Water Reactive Metal (Lithium): kitchen			
Anhydrous Ammonia; <u>N/A</u>			
Hydrochloric Acid Gas Generator(s): burn barrel			
Corrosive Acid: utility			
Corrosive Base: stairway			
Other (item and location): <u>N/</u> A			
\square Yes $\underline{0}$ (r age 18 discovered (check one) number present) port to Child Protective Services	☐ Ephedrind ☐ Retail/Mo	e Information c/Pscudoephedrine Tracking Log erchant Tip related search warrant
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: Rochester V <u>FD</u>	Fax: <u>(574)224-8380</u>	
Health Department: Rochester Health Dep		Fax: <u>(574)223-2335</u> Fax: N/ <u>A</u>	
Child Protec	tion Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone <u>(765) 473-6666</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.